



429683

## **SITE HEALTH AND SAFETY PLAN (HASP)**

**Office:** DOH  
**Site Name:** Tuchman Cleaners  
**Client:** U.S. EPA  
**Work Location:** 4401 N. Keystone Ave. Indianapolis, Indiana  
**WO#:** 20405.012.001.1323.00

**Prepared By:**  
Weston Solutions, Inc.  
Building 2, Suite I  
6779 Engle Road  
Middleburg Heights, OH 44130



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<b>SITE HEALTH AND SAFETY PLAN (HASP)</b>															
<b>Review and Approval Documentation:</b>															
Reviewed by: SO/DSM/CHS	<u>David Robinson</u> Name (Print)	 Signature	Date: <u>16-Jan-11</u>												
Other	_____ Name (Print)	_____ Signature	Date: _____												
Approved by: Project Manager	<u>Randy Kirkland</u> Name (Print)	 Signature	Date: <u>1-23-11</u>												
<b>Hazard Assessment and Equipment Selection:</b>															
In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)															
<input checked="" type="checkbox"/> <b>FSO</b>	<u>Keith Hughes</u> Name	_____ Signature	Date: _____												
<input checked="" type="checkbox"/> <b>Site Manager</b>	<u>Keith Hughes</u> Name	_____ Signature	Date: _____												
<input checked="" type="checkbox"/> <b>Environmental Compliance Officer</b>	<u>Randy Kirkland</u> Name	 Signature	Date: <u>1-23-11</u>												
<input checked="" type="checkbox"/> <b>Dangerous Goods Shipping Coordinator</b>	<u>Randy Kirkland</u> Name	 Signature	Date: <u>1-23-11</u>												
Project start date: 19-Jan-2011	This site HASP <b>must be reissued/reapproved</b> for any activities conducted after:  Date: 31-Dec-2011		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amendment date(s)</th> <th style="width: 50%;">By:</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </tbody> </table>	Amendment date(s)	By:	1.		2.		3.		4.		5.	
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3.															
4.															
5.															
End date: 31-Dec-2011															

## SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: **Amanda Takacs**

W.O. Number: 20405.012.001.1323.00

Date:  
12/30/2010

**Project Identification** Tuchman Cleaners

Office: DOH

Site Name: Tuchman Cleaners

Client: U.S. EPA

**Site History:** Tuchman Cleaners has been the sole occupant of the property on Keystone Avenue for over 50 years. Operations have included dry cleaning; cleaning of draperies; leather and suede cleaning; and wet washing of laundry, commercial uniforms, and floor mats. Previous on site investigations were conducted by Alt & Witzig between 1989 and 1993 and by URS (formerly Dames and Moore) from 1994 to present. A Phase I Remediation Investigation was conducted in 2002-2003. A Phase II RI began in 2003 to address data gaps identified through the Phase I RI. Testing to date has identified the presence of chlorinated volatile organic compounds (CVOCs). The contaminant of concern is tetrachloroethene (PCE), a solvent used on site for dry cleaning operations. Other contaminants include trichloroethene (TCE), cis-1,2-dichloroethene (cis-1,2-DCE) and vinyl chloride with possible contaminants resulting from on site storage of Stoddard solvents and fuel though testing has not detected the presence of these components to date. Contaminant impact is concentrated in the upper 25 ft of subsurface on the west and southwestern portion of the site. Sampling has also identified presence of CVOCs at 18 offsite locations. The U.S. EPA has requested an investigation to further characterize the contaminants.

Work Location Address: 4401 N. Keystone Ave. Indianapolis, Indiana

**Scope of Work:** The U.S. EPA On-Scene Coordinator has tasked the WESTON START with the collection of samples for further characterization of the contaminants. 12 locations will be air and ground water sampled for volatile organic compounds, including existing monitoring wells.

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

### Regulatory Status:

Site regulatory status:

**CERCLA/SARA**

**RCRA**

**Other Federal Agency**

☒ U.S. EPA

☐ U.S. EPA

☐ DOE

☐ State

☐ State

☐ USACE

☐ NPL Site

**NRC**

☐ Air Force

☒ OSHA

☐ 10 CFR 20

☐ \_\_\_\_\_

Hazard Communication (Req'd See Attachment D)

☒ 1910

☐ 1926

☐ State

**Safety Officer Manual (Required to be On-Site)**

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test

☐ \_\_\_\_\_

☐ Air Emissions

☐ \_\_\_\_\_

☐ Asbestos

☐ \_\_\_\_\_

☐ Industrial Hygiene

☐ \_\_\_\_\_

☐ \_\_\_\_\_

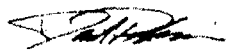
☐ \_\_\_\_\_

### Review and Approval Documentation:

Reviewed by:  
SO/DSM/CHS

Dave Robinson

Name (Print)



Signature

Date:

16-Jan-11

Other

Name (Print)

Signature

Date:

Approved by:

Project Manager

Randy Kirkland

Name (Print)

Signature

Date:

18-Jan-11

### Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ FSO

Keith Hughes

Name

Signature

Date:

<input checked="" type="checkbox"/>	Site Manager <u>Keith Hughes</u>	Date: _____																								
<input checked="" type="checkbox"/>	Environmental Compliance Officer <u>Randy Kirkland</u>	Date: <u>18-Jan-11</u>																								
<input checked="" type="checkbox"/>	Dangerous Goods Shipping Coordinator <u>Randy Kirkland</u>	Date: <u>18-Jan-11</u>																								
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		3.																								
		4.																								
		5.																								

Vehicle Use Assessment and Selection	
<p>Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:</p> <ol style="list-style-type: none"> <li>1. Rental Vehicle</li> <li>2. POV</li> <li>3.</li> <li>4.</li> </ol>	
<p>The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).</p> <ol style="list-style-type: none"> <li>1. Randy Kirkland</li> <li>2. Keith Hughes</li> <li>3. David Sena</li> <li>4. Mike Blair</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> </ol>	
<p>The project site was evaluated and a <b>Traffic Control Plan</b> <input type="checkbox"/> is required <input checked="" type="checkbox"/> is not required.</p>	
<p>If required, the <b>Traffic Control Plan</b> can be found in Attachment H.</p>	

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## TABLE OF CONTENTS

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Section	Page
<b>1. PERSONNEL ON SITE INFORMATION</b>	<b>1-1</b>
1.1 WESTON REPRESENTATIVES .....	1-2
1.2 WESTON SUBCONTRACTORS.....	1-2
1.3 SITE PERSONNEL AND CERTIFICATION STATUS .....	1-3
1.3.1 Weston Employee Certification .....	1-3
1.3.2 Subcontractor's Health and Safety Program Evaluation.....	1-4
<b>2. HEALTH AND SAFETY EVALUATION</b>	<b>2-1</b>
2.1 HEALTH AND SAFETY EVALUATION .....	2-2
2.1.1 Task Hazard Assessment .....	2-2
2.1.2 Chemical Hazards of Concern .....	2-3
2.1.3 Biological Hazards of Concern .....	2-4
2.1.4 Radiation Hazards of Concern .....	2-5
2.1.5 Physical Hazards of Concern .....	2-6
<b>3. TASK BY TASK ASSESSMENT</b>	<b>3-1</b>
3.1 TASK-BY-TASK RISK ASSESSMENT .....	3-2
3.1.1 Task 1 Description.....	3-2
3.1.2 Task 2 Description.....	3-3
3.1.3 Task 3 Description.....	3-4
3.1.4 Task 4 Description.....	3-5
3.1.5 Task 4 Description.....	3-6
3.2 PERSONNEL PROTECTION PLAN .....	3-7
3.3 DESCRIPTION OF LEVELS OF PROTECTION .....	3-8
<b>4. MONITORING PROGRAM</b>	<b>4-1</b>
4.1.1 Air Monitoring Instruments .....	4-2
4.1.1 Air Monitoring Instruments Calibration Record.....	4-3
4.2 SITE AIR MONITORING PROGRAM.....	4-4
4.3 ACTION LEVELS .....	4-5
<b>5. HOSPITAL INFORMATION</b>	<b>5-1</b>
5.1 CONTINGENCIES .....	5-2
5.1.1 Emergency Contacts and Phone Numbers .....	5-2
5.1.2 Hospital Map .....	5-3
5.1.3 Response Plans .....	5-5
<b>6. DECONTAMINATION PLAN</b>	<b>6-1</b>
6.1 GENERAL DECONTAMINATION PLAN .....	6-2
6.2 LEVEL D DECONTAMINATION PLAN .....	6-3
6.3 LEVEL C DECONTAMINATION PLAN .....	6-4
6.4 LEVEL B DECONTAMINATION PLAN .....	6-5
<b>7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET</b>	<b>7-1</b>
7.1 TRAINING AND BRIEFING TOPICS .....	7-2
7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM.....	7-3

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## ATTACHMENTS

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<b>ATTACHMENT A</b>	Chemical Contaminants Data Sheets
<b>ATTACHMENT B</b>	Material Safety Data Sheets
<b>ATTACHMENT C</b>	Safety Procedures/Field Operating Procedures (FLD Ops)
<b>ATTACHMENT D</b>	Hazard Communication Program
<b>ATTACHMENT E</b>	Air Sampling Data Sheets
<b>ATTACHMENT F</b>	Incident Reporting
<b>ATTACHMENT G</b>	AHA Checklist and Environmental Compliance
<b>ATTACHMENT H</b>	Traffic Control Plan
<b>ATTACHMENT I</b>	Audit Forms
<b>ATTACHMENT J</b>	Environmental Health & Safety Inspection Checklist
<b>ATTACHMENT K</b>	Environmental Protection and Sustainability Program Impact Checklist

## **1. PERSONNEL ON SITE INFORMATION**

## 1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
Weston / DOH	Randy Kirkland / Project Manager	711 East Monument Ave, Suite 201 Dayton, OH 45402	513-826-2310 (office) 937-602-3089 (cell)
Professional Environmental Engineers, Inc /St. Louis	Keith Hughes	500 S Ewing Ave., Suite E, St. Louis, MO 63103	314-531-0060 (office) 618-922-9983 (cell)
Weston/DOH	David Sena	711 East Monument Ave, Suite 201 Dayton, OH 45402	574-261-5413 (cell)
Weston/CLV	Mike Blair	Building 2, Suite I 6779 Engle Road Middleburg Heights, OH 44130	440-202-2808 (office) 440-537-6185 (office)

### Roles and Responsibilities:

Randy Kirkland will be responsible for the project budget & schedule and interaction with the client. Mr. Kirkland will also be responsible for the preparation and implementation of the HASP and acquisition of field sampling equipment and air monitoring equipment. Keith Hughes will be responsible for the leading the field sampling activities, preparing the chain of custody forms and preparing the samples for shipment to the analytical laboratory.

## 1.2 WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone
Bloodhound	Christina Walters	750 Patrick's Place Brownsburg, IN	888-858-9829
Indiana Engineering & Geological Services	David Johnson	15211 Herriman Road Noblesville, IN 46060	317-773-5020
	Name: Title:	Street: City: State, Zip:	

### Roles and Responsibilities:

## SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Keith Hughes

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

### Qualifications:

OSHA 40-hr Hazwoper, 8-SHSC/FSO, 8-hr Hazwoper Refresher, BBS Initial and refreshers, BBP, First Aid/CPR current

Designated alternates include: Randy Kirkland



## 1.3 SITE PERSONNEL AND CERTIFICATION STATUS

### 1.3.1 Weston Employee Certification

<b>Name:</b> Randy Kirkland <b>Title:</b> Project Manager <b>Task(s):</b> 1, 2 <b>Certification Level or Description:</b> B-T, C-S <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	<b>Name:</b> Keith Hughes <b>Title:</b> FSO <b>Task(s):</b> 1, 2 <b>Certification Level or Description:</b> B-T, C-S <input type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
<b>Name:</b> David Sena <b>Title:</b> Field Scientist <b>Task(s):</b> 1, 2 <b>Certification Level or Description:</b> D-S, B-T <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	<b>Name:</b> Mike Blair <b>Title:</b> Project Scientist <b>Task(s):</b> All <b>Certification Level or Description:</b> C-S, B-T <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)
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**TRAINING CURRENT - Training:** All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

**FIT TEST CURRENT - Respirator Fit Testing:** All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

**MEDICAL CURRENT - Medical Monitoring Requirements:** All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

## SITE PERSONNEL AND CERTIFICATION STATUS

### 1.3.2 Subcontractor's Health and Safety Program Evaluation

**Name of Subcontractor:** Bloodhound Utility Locators, inc.

**Address:** 750 Patrick's Place

Brownsburg, IN

**Activities To Be Conducted by Subcontractor:** Utility Locating near Drilling Locations

#### Evaluation Criteria

Medical program meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Personal protective equipment available

- ☐ Acceptable  
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

- ☐ Acceptable  
☐ Unacceptable

Comments:

Safe working procedures clearly specified

- ☐ Acceptable  
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Emergency procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

Decontamination procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

General health and safety program evaluation

- ☐ Acceptable  
☐ Unacceptable

Comments:

Additional comments:

- ☐ Subcontractor has agreed to and will conform with the WESTON HASP for this project.  
  
☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

**Evaluation Conducted by:** Certifications for all subcontractors personnel will be added to the HASP prior to beginning work.

**Date:**

#### Subcontractor

**Name:** TBD

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

**Name:**

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
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**Name:**

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**Name:**

**Title:**

**Task(s):**

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- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

## SITE PERSONNEL AND CERTIFICATION STATUS

### 1.3.3 Subcontractor's Health and Safety Program Evaluation

**Name of Subcontractor:** Indiana Engineering & Geological Services (IEGS)

**Address:** 15211 Herriman Road, Noblesville, IN 46060

**Activities To Be Conducted by Subcontractor:** Direct-Push Drilling

#### Evaluation Criteria

Medical program meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Personal protective equipment available

- ☐ Acceptable  
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

- ☐ Acceptable  
☐ Unacceptable

Comments:

Safe working procedures clearly specified

- ☐ Acceptable  
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Emergency procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

Decontamination procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

General health and safety program evaluation

- ☐ Acceptable  
☐ Unacceptable

Comments:

Additional comments:

- ☐ Subcontractor has agreed to and will conform with the WESTON HASP for this project.  
☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

**Evaluation Conducted by:** Certifications for all subcontractors personnel will be added to the HASP prior to beginning work.

**Date:**

#### Subcontractor

**Name:** TBD

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

**Name:**

**Title:**

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**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)



## **2. HEALTH AND SAFETY EVALUATION**

## 2.1 HEALTH AND SAFETY EVALUATION

### 2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

#### Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1		Direct push collection of soil cores up to 20 ft. depth at 12 locations.	01/24/2011 – 02/24/2011
2		Ground water sampling of existing monitoring wells with bladder pump.	01/24/2011 – 02/24/2011

#### Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

#### Physiochemical 1

- ☒ Flammable
- ☐ Explosive
- ☒ Corrosive
- ☒ Reactive
- ☐ O<sub>2</sub> Rich
- ☐ O<sub>2</sub> Deficient

#### Chemically Toxic 1

- ☒ Inhalation ☒ Carcinogen
- ☒ Ingestion ☐ Mutagen
- ☒ Contact ☐ Teratogen
- ☒ Absorption
- ☒ OSHA 1910.1000 Substance (Air Contaminants)
- ☒ OSHA Specific Hazard Substance Standard (Refer to following page for listing)

#### Radiation 3

- Ionizing:
  - ☐ Internal exposure
  - ☐ External exposure
- Non-ionizing:
  - ☒ UV ☐ IR
  - ☐ RF ☐ MicroW
  - ☐ Laser

#### Biological 2

- ☐ Etiological Agent
- ☒ Other (plant, insect, animal)

#### ☒ Physical Hazards 4

- ☐ Construction Activities

#### Source/Location of Contaminants and Hazardous Substances:

##### Directly Related to Tasks

- ☐ Air
- ☐ Other Surface
- ☒ Groundwater
- ☒ Soil
- ☐ Surface Water
- ☐ Sanitary Wastewater
- ☐ Process Wastewater
- ☐ Other:

##### Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☐ Client Facility/WESTON Work Location
- ☐ Nearby Non-Client Facility

Describe:

- ☒ Have activities (task[s]) been coordinated with facility?

Comments: U.S. EPA will coordinate access agreements at the facility.

## HEALTH AND SAFETY EVALUATION

### 2.1.2 Chemical Hazards of Concern

☐ N/A

#### Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Concentration (ug/L)	Chemical Name	Quantity
tetrachloroethene	Unknown	Isobutylene 100 ppm	1 cylinder
trichloroethene	Unknown		
Cis-1,2 dichloroethene	Unknown		
Vinyl chloride	Unknown		

### OSHA-SPECIFIC HAZARDOUS SUBSTANCES

<input type="checkbox"/> 1910.1001 Asbestos	<input type="checkbox"/> 1910.1002 Coal tar pitch volatiles	<input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.	<input type="checkbox"/> 1910.1004 alpha-Naphthylamine
<input type="checkbox"/> 1910.1005 [Reserved]	<input type="checkbox"/> 1910.1006 Methyl chloromethyl ether	<input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts)	<input type="checkbox"/> 1910.1008 bis-Chloromethyl ether
<input type="checkbox"/> 1910.1009 beta-Naphthylamine	<input type="checkbox"/> 1910.1010 Benzidine	<input type="checkbox"/> 1910.1011 4-Aminodiphenyl	<input type="checkbox"/> 1910.1012 Ethyleneimine
<input type="checkbox"/> 1910.1013 beta-Propiolactone	<input type="checkbox"/> 1910.1014 2-Acetylaminofluorene	<input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene	<input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine
<input checked="" type="checkbox"/> 1910.1017 Vinyl chloride	<input type="checkbox"/> 1910.1018 Inorganic arsenic	<input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46)	<input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53)
<input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)	<input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61)	<input type="checkbox"/> 1910.1029 Coke oven emissions	<input type="checkbox"/> 1910.1043 Cotton dust
<input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane	<input type="checkbox"/> 1910.1045 Acrylonitrile	<input type="checkbox"/> 1910.1047 Ethylene oxide	<input type="checkbox"/> 1910.1048 Formaldehyde
<input type="checkbox"/> 1910.1050 Methylenedianiline	<input type="checkbox"/> 1910.1051 1,3 Butadiene	<input type="checkbox"/> 1910.1052 Methylene chloride	<input type="checkbox"/> 1926.60 Methylenedianiline
<input type="checkbox"/> 1926.62 Lead	<input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)	<input type="checkbox"/> 1926.1127 Cadmium	

## HEALTH AND SAFETY EVALUATION

### 2.1.3 Biological Hazards of Concern

☒ **Poisonous Plants (FLD 43-D)**

Location/Task No(s) **1,2**

Source: ☐ Known ☒ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No  
 Immunization required: ☐ Yes ☒ No

☐ **Insects (FLD 43-B)**

Location/Task No(s) **1,2**

Source: ☐ Known ☐ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No  
 Immunization required: ☐ Yes ☐ No

☐ **Snakes, Reptiles (FLD 43-A)**

Location/Task No(s) **1,2**

Source: ☐ Known ☐ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No  
 Immunization required: ☐ Yes ☐ No

☒ **Animals (FLD 43-A)**

Location/Task No(s) **1,2**

Source: ☐ Known ☒ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☒ Contact ☒ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No  
 Immunization required: ☐ Yes ☒ No

FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☐

☐ **Sewage**

Location/Task No(s).:

Source: ☐ Known ☐ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No  
 Immunization required: ☐ Yes ☐ No

Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No

☐ **Etiologic Agents (FLD -C)(List)**

Location/Task No(s).:

Source: ☐ Known ☐ Suspect  
 Route of Exposure: ☐ Inhalation ☐ Ingestion  
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No  
 Immunization required: ☐ Yes ☐ No

FLD 43-C — Mold and Fungus. Att. OP ☐

FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☒

FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☐



## HEALTH AND SAFETY EVALUATION

### 2.1.4 Radiation Hazards of Concern

#### NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
All	Ultraviolet	Solar			Appropriate clothing/sunscreen	None
	Infrared	N/A				
	Radio Frequency	N/A				
	Microwave	N/A				
	Laser	N/A				

#### IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC ( $\mu\text{Ci}/\text{mL}$ )			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

# HEALTH AND SAFETY EVALUATION

## 2.1.5 Physical Hazards of Concern

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Low noise	Hearing loss/disruption of communication	<input type="checkbox"/>	Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 - Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input type="checkbox"/>	FLD13 - Structural Integrity
Improper cylinder handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	<input checked="" type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input checked="" type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input type="checkbox"/>	FLD43 - Biological Hazards
Animals	Animals	<input checked="" type="checkbox"/>	FLD43A - Animals
Insects	Stinging and Biting Insects	<input type="checkbox"/>	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	<input checked="" type="checkbox"/>	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	<input checked="" type="checkbox"/>	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	<input type="checkbox"/>	FLD43E - Etiologic Agents
Biological Hazards/BBP	Biological Hazards BBP at site/First Aid Providers	<input checked="" type="checkbox"/>	FLD44 - Biological Hazards - Bloodborne Pathogens Exposure Control Plan - First Aid Providers

## 2.1.5 Physical Hazards of Concern (Continued)

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	<input type="checkbox"/>	FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input type="checkbox"/>	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	<input type="checkbox"/>	FLD47 - Clearing, Grubbing and Logging Operations
Not applicable	Not applicable	<input type="checkbox"/>	FLD48 – Federal, State, Local Regulatory Agency Inspections
Not applicable	Exposure to hazardous materials/waste	<input checked="" type="checkbox"/>	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	<input type="checkbox"/>	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 - <u>Benzene Exposure Control Plan</u>
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input checked="" type="checkbox"/>	FLD56 – Drilling Safety
Vehicles/driving	Accidents/fatigue/cell phone use	<input checked="" type="checkbox"/>	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input type="checkbox"/>	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip,trip, and falls/waste generation/environmental compliance/PPE	<input checked="" type="checkbox"/>	FLD59 – Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input checked="" type="checkbox"/>	Environmental Remediation Drilling Safety Guideline - 2005
Fatigue	Long work hours	<input type="checkbox"/>	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 – Gasoline Contaminant Exposure

### **3. TASK BY TASK ASSESSMENT**

### 3.1 TASK-BY-TASK RISK ASSESSMENT

#### 3.1.1 Task 1 Description

**TASK 1:** Soil sampling up to 20 ft. depth at 12 locations using direct-push (Geoprobe) drilling unit operated by Weston subcontractor.

#### EQUIPMENT REQUIRED/USED

Hard Hat	Camera	Coolers/Containers
Steel Toe Boots	First Aid Kit	
Poly Tyvek	Modified Level D	
Nitrile gloves	PPE	
Portable Lighting	Multi-Rae	
Log Book	Sample Scoops	
Work Gloves	Sample Jars	

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

During the soil sampling START may encounter the contaminants of concern (COC). START will carry a MultiRae to screen the drill sites and soil cores for VOCs. Tetrachloroethene, Dichloroethene and trichloroethene amounts in soil were below detection levels in previous investigations. If VOC concentrations in excess of the action levels established for the project are encountered, START will leave the work area and evaluate the potential for vinyl chloride (Drager tube) and potential upgrade of PPE.

##### Physical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The site has no illumination so START will use portable lighting for this task. The site has uneven and possibly wet surfaces which may present a slip/trip/fall hazard. Weather is unpredictable at this time of year and may be inclement. The inclement weather may also include rain and/or snow. START personnel will wear clothing suitable to weather and temperature conditions.

##### Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

During sampling in exterior areas, there is some risk of contact with poisonous plants. All project personnel will be briefed on identifying poisonous plants. The site is unsecure and it is possible that animals have access. During sampling START will monitor for any contact with wild or dangerous animals.

##### RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

START members will be working in the outdoors which may expose them to UV light from the sun. START members will use sunscreen and clothing to prevent overexposure to the UV light.

#### LEVELS OF PROTECTION/JUSTIFICATION

Level D will be employed for all work due to potential exposures to tetrachloroethene and other possible chlorinated volatile organic compounds. If the MultiRae indicates concentrations of VOCs above the action levels, START members will evacuate and reassess PPE level.

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA standards, and WESTON Standard Operating Procedures.

### 3.1 TASK-BY-TASK RISK ASSESSMENT

#### 3.1.2 Task 2 Description

**TASK 2:** Ground water sampling of existing monitoring wells with low-flow bladder pump.

#### EQUIPMENT REQUIRED/USED

Modified Level D PPE	MultiRae	Coolers
Log Book	Nitrile Gloves	Sampling Equipment
Portable Lighting	First Aid / BBP Kit	Water Quality Meters
Hard Hat	Camera	Poly Tyvek coveralls
Steel Toe Boots	Sample Bottles	

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

START will collect ground water samples with a bladder pump from pre-existing monitoring wells. START personnel may come into contact with the water during the sampling activity. START personnel will wear Poly Tyvek, nitrile inner gloves and work gloves, and safety glasses. START will utilize a MultiRae to screen the area as they collect water samples to measure VOCs. If VOC concentrations in excess of the action levels established for the project are encountered, START will leave the work area and evaluate the potential for vinyl chloride (Drager tube) and potential upgrade of PPE. Modified level D PPE will protect START from any contact with the COCs.

##### Physical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The building has no illumination so START will use portable lighting for this task. The site has uneven and possibly wet surfaces both inside and outside which may present a slip/trip/fall hazard. Weather is unpredictable at this time of year and may be inclement. The inclement weather may also include rain and/or snow. START personnel will wear clothing suitable to weather and temperature conditions.

##### Biological

☐ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The pre-visit questionnaire is filled out by the START. There is some risk of contact with poisonous plants while walking to/from sample locations. All project personnel will be briefed on identifying poisonous plants. The site is unsecure and it is possible that animals have access. During sampling START will monitor for any contact with wild or dangerous animals.

##### RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

START members may be exposed to UV light from the sun while walking to/from site buildings and their vehicles. START members will use sunscreen and clothing to prevent overexposure to the UV light.

#### LEVELS OF PROTECTION/JUSTIFICATION

Modified Level D will be employed for all work due to the potential exposures to tetrachloroethene and other possible chlorinated volatile organic compounds. If the MultiRae indicate concentrations of VOCs above the action levels, START members will evacuate and reassess PPE level.

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

### 3.1 TASK-BY-TASK RISK ASSESSMENT

#### 3.1.3 Task 3 Description

TASK 3:

#### EQUIPMENT REQUIRED/USED

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Physical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Biological

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### RADIOLOGICAL

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

#### LEVELS OF PROTECTION/JUSTIFICATION

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

### 3.1 TASK-BY-TASK RISK ASSESSMENT

#### 3.1.4 Task 4 Description

TASK 4:

#### EQUIPMENT REQUIRED/USED

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Physical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Biological

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### RADIOLOGICAL

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

#### LEVELS OF PROTECTION/JUSTIFICATION

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.



### 3.1 TASK-BY-TASK RISK ASSESSMENT

#### 3.1.5 Task 4 Description

TASK 5:

#### EQUIPMENT REQUIRED/USED

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Physical

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### Biological

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

##### RADIOLOGICAL

☐ Hazard Present  
What justifies risk level?

Risk Level: ☐ H ☐ M ☐ L

#### LEVELS OF PROTECTION/JUSTIFICATION

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

### 3.2 PERSONNEL PROTECTION PLAN

#### Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

All Use MultiRae to screen the site and monitor air during the sampling tasks.

#### Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

All Site personnel will work in teams of two.

#### Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

All Appropriate Level D Modified PPE will be utilized for all tasks.

All Cold-weather gear as appropriate for conditions at jobsite.

#### Description of Levels of Protection

Level D	Level D Modified
<b>Task(s):</b> <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Appropriate Work Uniform <input type="checkbox"/> Hand – Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	<b>Task(s):</b> <input checked="" type="checkbox"/> Head Hard Hat <input checked="" type="checkbox"/> Eye and Face Safety Glasses <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input checked="" type="checkbox"/> Whole Body Poly Tyvek <input type="checkbox"/> Apron <input checked="" type="checkbox"/> Hand - Gloves Nitrile <input checked="" type="checkbox"/> Gloves Work gloves <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Foot - Safety Boots Steel Toe <input type="checkbox"/> Over Boots

### 3.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B
<b>Task(s): All</b>	<b>Task(s):</b>
<input type="checkbox"/> Head	<input type="checkbox"/> Head
<input type="checkbox"/> Eye and Face	<input type="checkbox"/> Eye and Face
<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing
<input type="checkbox"/> Arms and Legs Only	<input type="checkbox"/> Arms and Legs Only
<input type="checkbox"/> Whole Body	<input type="checkbox"/> Whole Body
<input type="checkbox"/> Apron	<input type="checkbox"/> Apron
<input type="checkbox"/> Hand – Gloves	<input type="checkbox"/> Hand - Gloves
<input type="checkbox"/> Inner Gloves	<input type="checkbox"/> Gloves
<input type="checkbox"/> Outer Gloves	<input type="checkbox"/> Gloves
<input type="checkbox"/> Foot - Safety Boots	<input type="checkbox"/> Foot - Safety Boots
<input type="checkbox"/> Outer Boots	<input type="checkbox"/> Outer Boots
<input type="checkbox"/> Boots (Other)	<input type="checkbox"/> Boots (Other)
<input type="checkbox"/> Half Face	<input type="checkbox"/> SAR - Airline
<input type="checkbox"/> Cart./Canister	<input type="checkbox"/> SCBA
<input type="checkbox"/> Full Face	<input type="checkbox"/> Comb. Airline/SCBA
<input type="checkbox"/> Cart./Canister	<input type="checkbox"/> Cascade System
<input type="checkbox"/> PAPR	<input type="checkbox"/> Compressor
<input type="checkbox"/> Cart./Canister	<input type="checkbox"/> Fall Protection
<input type="checkbox"/> Type C	<input type="checkbox"/> Flotation
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other
<input type="checkbox"/> Flotation	
<input type="checkbox"/> Other	

## **4. MONITORING PROGRAM**

## 4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

### 4.1.1 Air Monitoring Instruments

#### Instrument Selection and Initial Check Record

Reporting Format: ☒ Field Notebook ☐ Field Data Sheets\* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input type="checkbox"/> <b>RAD</b> <input type="checkbox"/> GM (Pancake) <input type="checkbox"/> NaI (Micro R) <input type="checkbox"/> ZnS (Alpha Scintillator) <input type="checkbox"/> Other _____	All	1		<input type="checkbox"/>		
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
<input checked="" type="checkbox"/> <b>PID</b> <input type="checkbox"/> MiniRAE <input checked="" type="checkbox"/> MultiRAE (LEL/O2/H2S/CO/PID) <input type="checkbox"/> TVA 1000 (PID/FID) <input type="checkbox"/> Other _____	All	1		<input type="checkbox"/>		
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
<input type="checkbox"/> <b>FID</b> <input type="checkbox"/> TVA 1000 (FID/PID) <input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> <b>PDR 1000 (Particulate)</b>				<input type="checkbox"/>		
<input type="checkbox"/> <b>Single Gas Meter (SGM)</b> Specify Chemical:				<input type="checkbox"/>		
<input type="checkbox"/> <b>Personal Sampling Pump</b> Specify Media:				<input type="checkbox"/>		
<input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/>		
<input type="checkbox"/> <b>Detector Tube Pump:</b> Specify (MSA, Dräger, Sensidyne)				<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						

[illegible][illegible][illegible]

## 4.2 SITE AIR MONITORING PROGRAM

### Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input type="checkbox"/> Explosive atmosphere		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Oxygen	All	Ambient Air Concentration	Confined Space Concentration	
		<19.5% O <sub>2</sub>	<19.5% O <sub>2</sub>	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O <sub>2</sub>	19.5% to 23.5% O <sub>2</sub>	Work may continue. Investigate changes from 21%.
		>25% O <sub>2</sub>	>23.5% O <sub>2</sub>	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Radiation		< 3 times background 3 times background to < 1 mR/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input checked="" type="checkbox"/> Organic gases and vapors	All	>5 ppm by PID		Stop work, evaluate work space and possible upgrade.
<input type="checkbox"/> Inorganic gases, vapors, and particulates				

### 4.3 ACTION LEVELS

#### VOC's

Previous site investigations and sample results did not indicate the presence of any significant VOC's. 5 ppm above background by PID (isobutylene equivalent) will be used as an action level for re-assessment of the PPE. If Modified Level D is not adequate for the materials identified, work will stop and planning will be conducted for Level C or B upgrade.



## **5. HOSPITAL INFORMATION**

## 5.1 CONTINGENCIES

### 5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director WorkCare WESTON Program Administrator	<b>Dr. Peter Greaney</b> <b>Michelle Bui</b>	<b>From 6 am to 4:30 pm Pacific Time</b> call 800-455-6155 dial 0 or extension 175, Michelle Bui to request the on-call clinician.
After-Business Hours Contact (In Case of Emergency Only)		<b>4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday and Holidays</b> call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate EHS Director	Owen B. Douglass, Jr.	610.701.3065 610.506.5392 (cell)
WESTON Medical Programs Manager	Owen B. Douglass, Jr.	610.701.3065 610.506.5392 (cell)
WESTON Health & Safety Division Safety Manager	Ted Deeke	847-337-4147
WESTON Health & Safety Local Safety Officer	David Robinson	937-531-4405
Fire Department	Indianapolis Fire Department	911
Police Department	North District Indianapolis Police Department	911
WESTON FSO Cell Phone	Keith Hughes	618-922-9983
WESTON PM Cell Phone	Randy Kirkland	937-602-3089
Client Site Phone		
Site Telephone		Not Available
Nearest Telephone	Dave Sena	574-261-5413
<b>Poison Control</b>		<b>(800) 222-1222</b>

#### Local Medical Emergency Facility(s)

Name of Hospital: Community Hospital-East		
Address: 1500 N Ritter Ave Indianapolis, IN		Phone No.: (317) 355-1411
Name of Contact: Emergency Room		Phone No.:
<b>Type of Service:</b> <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	<b>Route to Hospital:</b> (See Attached)	<b>Travel time from site:</b> 15 minutes  <b>Distance to hospital:</b> 6.3 miles <b>Name/no. of 24-hr ambulance service:</b> 911

#### Secondary or Specialty Service Provider

Name of Hospital: Westview Hospital		
Address: 3630 Guion Rd. Indianapolis, IN		Phone No.: 317-920-8439
Name of Contact: Emergency Room		Phone No.: 317-920-7178
<b>Type of Service:</b> <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	<b>Route to Hospital (see attached):</b>	<b>Travel time from site:</b> 14 minutes <b>Distance to hospital:</b> 7.0 miles <b>Name/no. of 24-hr ambulance service:</b> 911 /

**See reporting an incident in Attachment F.**

## 5.1.2 Hospital Map

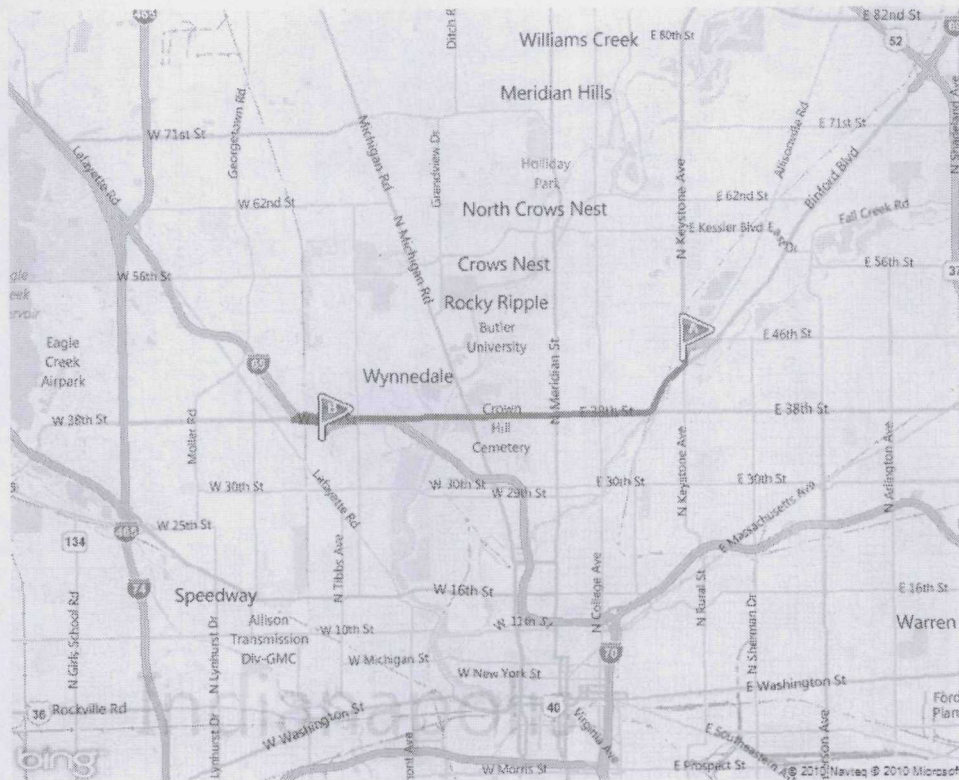
### (Community Hospital East)



4401 N Keystone Ave, Indianapolis, IN 46205-2246 15 min

1. Depart N Keystone Ave toward Duke St 0.0 mi
2. Make a U-turn at Duke St 2.5 mi
3. Road name changes to Keystone Way 0.4 mi
4. Road name changes to N Rural St 0.1 mi
5. Take ramp left for I-70 East 1.6 mi
6. At exit 87, take ramp right and follow signs for Emerson Ave 0.4 mi
7. Turn right onto N Emerson Ave 0.8 mi
8. Turn left onto E 16th St 0.5 mi
9. Turn right onto N Ritter Ave 0.1 mi
10. Arrive at 1500 N Ritter Ave, Indianapolis, IN 46219-3027 on the right 0.0 mi

## (Westview Hostpital)



4401 N Keystone Ave, Indianapolis, IN 46205-2246 14 min

1. Depart N Keystone Ave toward Duke St 0.0 mi
2. Make a U-turn at Duke St 0.2 mi
3. Turn right onto E Fall Creek Pky North Dr 0.9 mi
4. Bear right onto E 38th 1.3 mi
5. Keep straight onto W 38th St 3.8 mi
6. Make a U-turn to stay on W 38th St 0.5 mi
7. Turn right onto Guion Rd 0.2 mi
8. Arrive at 3630 Guion Rd, Indianapolis, IN 46222-1616 on the right 0.0 mi



## 5.1 CONTINGENCIES

### 5.1.3 Response Plans

<b>Medical - General</b>  Provide first aid, if trained; assess and determine need for further medical assistance.  Transport or arrange for transport after appropriate decontamination.		First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type</b> Standard 20-man and infection control kit	<b>Location</b> In Vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Eyewash required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type</b> 4 x 4 oz bottles	<b>Location</b> At worksite.	<b>HF on-site</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, need neutralizing ointment for first-aid kit. Contact LMF.
		Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Type</b>	<b>Location</b>	
<b>Plan for Response to Spill/Release</b>		<b>Plan for Response to Fire/Explosion</b>			<b>Fire Extinguishers</b>
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator  b. Evacuate to pre-determined safe place  c. Account for personnel  d. Determine if team can respond safely  e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator  b. Evacuate to predetermined safe place  c. Account for personnel  d. Use fire extinguisher <u>only if safe and trained</u> in its use  e. <i>Stand by to inform</i> emergency responders of materials and conditions	Type/Location <u>ABC/Vehicle</u>  /  /  /  /  /  /	
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)			Location
Plan to Respond to Security Problems Avoid confrontation. Call 911. Alert OSC and START management/health & safety					

## **6. DECONTAMINATION PLAN**

## 6.1 GENERAL DECONTAMINATION PLAN

### Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

### Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐

Level B

☐

Level C

☒

Level D

Modifications include:

Nitrile gloves, possible poly tyvek

### Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Dispose of any PPE waste in trash bag. Trash bag will be left on site for future use/disposal.

### Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

See above.

### Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

Use disposable sampling equipment. Used equipment will be placed in trash bag. Trash bag will be left on site for future use/disposal.

## 6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input checked="" type="checkbox"/> Segregated equipment drop	Place disposable equipment in trash bag.
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input checked="" type="checkbox"/> Outer glove removal	Place in trash bag
<b>HOTLINE</b>	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input checked="" type="checkbox"/> Suit removal	Place in trash bag
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
<b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b>	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
<b>Disposal Plan, End of Day:</b> Trash bags used for decontamination will be left on site.	
<b>Disposal Plan, End of Week:</b> See Above	
<b>Disposal Plan, End of Project:</b> See Above	

### HOTLINE

### CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

#### Disposal Plan, End of Day:

Trash bags used for decontamination will be left on site.

#### Disposal Plan, End of Week:

See Above

#### Disposal Plan, End of Project:

See Above



### 6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
<b>HOTLINE</b>	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> Facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
<b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b>	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
<b>Disposal Plan, End of Day:</b>	
<b>Disposal Plan, End of Week:</b>	
<b>Disposal Plan, End of Project:</b>	

## 6.4 LEVEL B DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	
<b>HOTLINE</b>	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/SCBA/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input type="checkbox"/> Remove SCBA backpack without disconnecting	
<input type="checkbox"/> Splash suit removal	
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input type="checkbox"/> SCBA disconnect and facepiece removal	
<input type="checkbox"/> Inner glove removal	
<input type="checkbox"/> Inner clothing removal	
<b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b>	
<input type="checkbox"/> Field wash	
<input type="checkbox"/> Redress	
<b>Disposal Plan, End of Day:</b>	
<b>Disposal Plan, End of Week:</b>	
<b>Disposal Plan, End of Project:</b>	

## **7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET**

## 7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 (l)	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards, HASP Form 07	<input type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards, HASP Form 04	<input type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input checked="" type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input checked="" type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input checked="" type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Equipment	<input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input type="checkbox"/> Tools	<input type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	<input type="checkbox"/> Electrical material handling equipment
<input checked="" type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input type="checkbox"/> Sampling drums and containers
<input type="checkbox"/> Pressurized air cylinders	<input checked="" type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)
<input type="checkbox"/> Working over water FLD-19	<input type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)
<input type="checkbox"/> Boating safety FLD-18	<input type="checkbox"/>
<input checked="" type="checkbox"/> Heat Stress	<input type="checkbox"/>
<input type="checkbox"/> Proper lifting techniques	<input type="checkbox"/>



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## **ATTACHMENT A**

### **CHEMICAL CONTAMINANTS DATA SHEETS**

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Insert sheets on following page.

# NIOSH Pocket Guide to Chemical Hazards

## Tetrachloroethylene

Synonyms & Trade Names Perchloroethylene, Perchloroethylene, Perk, Tetrachloroethylene

CAS No. 127-18-4

RTECS No. KX3850000

DOT ID & Guide 1897 160 

Formula  $\text{Cl}_2\text{C}=\text{CCl}_2$

Conversion 1 ppm = 6.78 mg/m<sup>3</sup>

IDLH Ca [150 ppm]


See: 127184

### Exposure Limits


NIOSH

Measurement Methods NIOSH

REL : Ca Minimize workplace exposure concentrations. See Appendix A

1003 

OSHA PEL  $\pm$ : TWA 100 ppm

OSHA 1001 

C 200 ppm (for 5 minutes in any 3-hour period), with a maximum peak of 300 ppm

See: NMAM or OSHA Methods 



### Physical Description

Colorless liquid with a mild, chloroform-like odor.

MW: 165.8

BP: 250°F

FRZ: -2°F

Sol:  
0.02%

VP: 14 mmHg

IP: 9.32 eV

Sp.Gr: 1.62

F.P: NA

UEL: NA

LEL:  
NA

Noncombustible Liquid, but decomposes in a fire to hydrogen chloride and phosgene.

### Incompatibilities & Reactivities

Strong oxidizers; chemically-active metals such as lithium, beryllium & barium; caustic soda; sodium hydroxide; potash

### Exposure Routes

inhalation, skin absorption, ingestion, skin and/or eye contact

### Symptoms

irritation eyes, skin, nose, throat, respiratory system; nausea; flush face, neck; dizziness, incoordination; headache, drowsiness; skin erythema (skin redness); liver damage; [potential occupational carcinogen]

### Target Organs

Eyes, skin, respiratory system, liver, kidneys, central nervous system

### Cancer Site

[in animals: liver tumors]

### Personal Protection/Sanitation

(See protection codes)

**Skin:** Prevent skin contact

**Eyes:** Prevent eye contact

**Wash skin:** When contaminated

**Remove:** When wet or contaminated

**Change:** No recommendation

**Provide:** Eyewash, Quick drench

### First Aid (See procedures)

**Eye:** Irrigate immediately

**Skin:** Soap wash promptly

**Breathing:** Respiratory support

**Swallow:** Medical attention immediately

### Respirator Recommendations

NIOSH

**At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:**

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

### Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

Any appropriate escape-type, self-contained breathing apparatus

Important additional information about respirator selection

### See also:


INTRODUCTION See ICSC CARD: 0076 See MEDICAL TESTS: 0179

# NIOSH Pocket Guide to Chemical Hazards

## Trichloroethylene

**Synonyms & Trade Names** Ethylene trichloride, TCE, Trichloroethene, Trilene

**CAS No.** 79-01-6 **RTECS No.** KX4550000

**DOT ID & Guide** 1710  
160 



**Formula**  $\text{CICH=CCl}_2$  **Conversion** 1 ppm = 5.37 mg/m<sup>3</sup>

**IDLH** Ca [1000 ppm]  
See: 79016



### Exposure Limits

**Measurement Methods**

**NIOSH REL:** Ca See Appendix A See Appendix C

**NIOSH** 1022 , 3800 

**OSHA PEL**  $\pm$ : TWA 100 ppm C 200 ppm 300 ppm (5-minute maximum peak in any 2 hours)

**OSHA** 1001   
See: NMAM or OSHA  
**Methods** 

**Physical Description** Colorless liquid (unless dyed blue) with a chloroform-like odor.

<b>MW:</b>	<b>BP:</b>	<b>FRZ:</b>	<b>Sol:</b>	<b>VP:</b>
131.4	189°F	99°F	0.1%	58 mmHg

**IP:** 9.45 eV

<b>Sp.Gr:</b>	<b>Fl.P:</b>	<b>UEL(77°F):</b>	<b>LEL(77°F):</b>
1.46	?	10.5%	8%

**Combustible Liquid**, but burns with difficulty.

**Incompatibilities & Reactivities** Strong caustics & alkalis; chemically-active metals (such as barium, lithium, sodium, magnesium, titanium & beryllium)

**Exposure Routes** inhalation, skin absorption, ingestion, skin and/or eye contact

**Symptoms** irritation eyes, skin; headache, visual disturbance, lassitude (weakness, exhaustion), dizziness, tremor, drowsiness, nausea, vomiting; dermatitis; cardiac arrhythmias, paresthesia; liver injury; [potential occupational carcinogen]

**Target Organs** Eyes, skin, respiratory system, heart, liver, kidneys, central nervous system

**Cancer Site** [in animals: liver & kidney cancer]

**Personal Protection/Sanitation** (See protection codes)

**First Aid** (See procedures)

**Skin:** Prevent skin contact

**Eye:** Irrigate immediately

**Eyes:** Prevent eye contact

**Skin:** Soap wash promptly

**Wash skin:** When contaminated

**Breathing:** Respiratory support

**Remove:** When wet or contaminated

**Swallow:** Medical attention immediately

**Change:** No recommendation

**Provide:** Eyewash, Quick drench

**Respirator Recommendations** **NIOSH**

**At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:**

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

**Escape:**

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

Any appropriate escape-type, self-contained breathing apparatus Important additional information about respirator selection

See also: INTRODUCTION See ICSC CARD: 0081 See MEDICAL TESTS: 0236




# NIOSH Pocket Guide to Chemical Hazards

## Vinyl chloride

**Synonyms & Trade Names** Chloroethene, Chloroethylene, Ethylene monochloride, Monochloroethene, Monochloroethylene, VC, Vinyl chloride monomer (VCM)

**CAS No.** 75-01-4      **RTECS No.** KU9625000

**DOT ID & Guide** 1086  
116P  (inhibited)

**Formula** CH<sub>2</sub>=CHCl  
**Conversion** 1 ppm = 2.56 mg/m<sup>3</sup>





**IDLH** Ca [N.D.]  
**See:** IDLH INDEX

### Exposure Limits

**NIOSH REL:** Ca See Appendix A

**OSHA PEL:** [1910.1017] TWA 1 ppm C 5 ppm [15-minute]

### Measurement Methods

**NIOSH 1007**   
**OSHA 4** , **75**   
**See:** NMAM or OSHA  
**Methods** 

**Physical Description** Colorless gas or liquid (below 7°F) with a pleasant odor at high concentrations. [Note: Shipped as a liquefied compressed gas.]

**MW:** 62.5      **BP:** 7°F      **FRZ:** -256°F

**Sol(77°F):** 0.1%

**VP:** 3.3 atm

**IP:** 9.99 eV

**FLP:** NA(Gas)      **UEL:** 33.0%

**LEL:** 3.6%

**RGasD:** 2.21

### Flammable Gas

**Incompatibilities & Reactivities** Copper, oxidizers, aluminum, peroxides, iron, steel [Note: Polymerizes in air, sunlight, or heat unless stabilized by inhibitors such as phenol. Attacks iron & steel in presence of moisture.]

**Exposure Routes** inhalation, skin and/or eye contact (liquid)

**Symptoms** lassitude (weakness, exhaustion); abdominal pain, gastrointestinal bleeding; enlarged liver; pallor or cyanosis of extremities; liquid: frostbite; [potential occupational carcinogen]

**Target Organs** Liver, central nervous system, blood, respiratory system, lymphatic system

**Cancer Site** [liver cancer]

**Personal Protection/Sanitation** (See protection codes)

**Skin:** Frostbite

**Eyes:** Frostbite

**Wash skin:** No recommendation

**Remove:** When wet (flammable)

**Change:** No recommendation

**Provide:** Frostbite wash

**First Aid** (See procedures)

**Eye:** Frostbite

**Skin:** Frostbite

**Breathing:** Respiratory support

**Respirator Recommendations** (See Appendix E) **NIOSH**

**At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:**

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

### Escape:

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted canister providing protection against the compound of concern

Any appropriate escape-type, self-contained breathing apparatus

Important additional information about

respirator selection

See also: INTRODUCTION See ICSC CARD: 0082 See MEDICAL TESTS: 0241

# NIOSH Pocket Guide to Chemical Hazards

## Vinylidene chloride

**Synonyms & Trade Names** 1,1-DCE; 1,1-Dichloroethene; 1,1-Dichloroethylene; VDC; Vinylidene chloride monomer; Vinylidene dichloride

**CAS No.** 75-35-4

**RTECS No.** KV9275000

**DOT ID & Guide** 1303 130P

**Pf** (inhibited)

**Formula** CH<sub>2</sub>=CCl<sub>2</sub>

**Conversion**

**IDLH** Ca [N.D.]

**See:** IDLH INDEX

### Exposure Limits

**NIOSH REL:** Ca See Appendix A

**OSHA PEL**  $\pm$ : none

### Measurement Methods

**NIOSH 1015** **Pf**;

**OSHA 19** **Pf**;

**See:** NMAM or OSHA

**Methods** **Pf**

**Physical Description** Colorless liquid or gas (above 89°F) with a mild, sweet, chloroform-like odor.

**MW:** 96.9

**BP:**

**FRZ:** -189°F

**Sol:** 0.04%

**VP:** 500

**IP:**

89°F

mmHg

10.00 eV

**Sp.Gr:** 1.21

**Fl.P.:** -

**UEL:**

**LEL:** 6.5%

2°F

15.5%

**Class IA Flammable Liquid:** Fl.P. below 73°F and BP below 100°F.

**Incompatibilities & Reactivities** Aluminum, sunlight, air, copper, heat [Note: Polymerization may occur if exposed to oxidizers, chlorosulfonic acid, nitric acid, or oleum. Inhibitors such as the monomethyl ether of hydroquinone are added to prevent polymerization.]

**Exposure Routes** inhalation, skin absorption, ingestion, skin and/or eye contact

**Symptoms** irritation eyes, skin, throat; dizziness, headache, nausea, dyspnea (breathing difficulty); liver, kidney disturbance; pneumonitis; [potential occupational carcinogen]

**Target Organs** Eyes, skin, respiratory system, central nervous system, liver, kidneys

**Cancer Site** [in animals: liver & kidney tumors]

**Personal Protection/Sanitation** (See protection codes)

**Skin:** Prevent skin contact

**Eyes:** Prevent eye contact

**Wash skin:** When contaminated

**Remove:** When wet (flammable)

**Change:** No recommendation

**Provide:** Eyewash, Quick drench

**First Aid** (See procedures)

**Eye:** Irrigate immediately

**Skin:** Soap flush immediately

**Breathing:** Respiratory support

**Swallow:** Medical attention immediately

**Respirator Recommendations** NIOSH

**At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:**

(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode

(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus

**Escape:**

(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister

Any appropriate escape-type, self-contained breathing apparatus Important additional information about respirator selection

**See also:** INTRODUCTION See ICSC CARD: 0083

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**ATTACHMENT B**  
**MATERIAL SAFETY DATA SHEETS**  
**(ATTACH MSDSS)**

---

Insert documents on following page.



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## **ATTACHMENT C**

### **SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)**

Insert documents on following page.



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**ATTACHMENT D**  
**HAZARD COMMUNICATION PROGRAM**

---

## SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

### *Location-Specific Hazard Communication Program/Checklist*

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☒ Site or other location name/address: 4401 N. Keystone Ave. Indianapolis, Indiana
- ☒ Site/Project/Location Manager: Randy Kirkland
- ☒ Site/Location Safety Officer: Randy Kirkland
- ☒ List of chemicals compiled, format: ☒ HASP ☐ Other: \_\_\_\_\_
- ☐ Location of MSDS files: HASP
- ☐ Training conducted by: Name: Dave Robinson Date: \_\_\_\_\_
- ☐ Indicate format of training documentation: ☒ Field Log: ☐ Other: \_\_\_\_\_
- ☐ Client briefing conducted regarding hazard communication: \_\_\_\_\_
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: \_\_\_\_\_
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: \_\_\_\_\_
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☒ No

### *List of Hazardous Chemicals*

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

### *Container Labeling*

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.



### ***Material Safety Data Sheets (MSDSs)***

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

### ***Employee Training and Information***

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

### ***Hazardous Nonroutine Tasks***

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

### ***Chemicals in Unlabeled Pipes***

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

### ***Multi-Employer Work Sites***

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

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**ATTACHMENT E**  
**AIR SAMPLING DATA SHEETS**

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## SITE AIR MONITORING PROGRAM

### Field Data Sheets

Location:

% LEL	% O <sub>2</sub>	PID (units)	FID (units)	Aerosol Monitor (mg/m <sup>3</sup> )	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O <sub>2</sub>	PID (units)	FID (units)	Aerosol Monitor (mg/m <sup>3</sup> )	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

## AIR MONITORING/SAMPLING DATA LOG

Client:	W.O. No.:	Sample No.:
Address:	Sampled By:	Date:

### Employee and Location Information

Employee Name:	Employee No.:	Job Title:
<b>Respirator</b> <input type="checkbox"/> APR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SAR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SCBA	Manufacturer:	Cartridge Type:
<b>PPE:</b> <input type="checkbox"/> Hard Hat <input type="checkbox"/> HPD <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Coveralls <input type="checkbox"/> Other:		

### Sampling Data

<b>Sampling Type:</b> <input type="checkbox"/> Personal <input type="checkbox"/> TWA <input type="checkbox"/> STEL <input type="checkbox"/> Area <input type="checkbox"/> Source <input type="checkbox"/> Full Shift <input type="checkbox"/> Partial Shift <input type="checkbox"/> Grab	Media:	Pump Type/Serial No.:
Calibrator/Serial No.:	<b>Pre-Calibration:</b> 1. 2. 3. avg-pre:	<b>Post-Calibration:</b> 1. 2. 3. avg-post:
Start Time:	Restart Time:	Restart Time:
1 <sup>st</sup> Stop Time:	2 <sup>nd</sup> Stop Time:	3 <sup>rd</sup> Stop Time:
<b>Multiple Samples for this TWA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Multiple Chemical Exposures:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Exposure Time:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Worst Case		% Change:
Total Time:		Volume:

### Sampling Conditions

<b>Weather Conditions:</b>			
Temp:	R.H.:	B.P.:	Other:
<b>Engineering Controls:</b>			

### Substances Evaluated

Substance	Result	Substance	Result

### Observations and Comments


QA by: \_\_\_\_\_

Date: \_\_\_\_\_

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## **ATTACHMENT F INCIDENT REPORTING**

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..Welcome to NOITrack.: - Windows Internet Explorer

http://prdnet/noitrack/IncidentInfo.aspx

File Edit View Favorites Tools Help

Google Search Bookmarks Check AutoFill Sign In

..Welcome to NOITrack.:

**NOITrack**

Open NOI's Search Add New Incident Reports Admin Help Blog

Incident Info Individual Data Investigation File Attachment

☐ Near Incident

Fields marked with \* are required

Security	Safety	Computer	Other
<input type="checkbox"/> Threat or Intimidation	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Computer/Technology	<input type="checkbox"/> Environmental
<input type="checkbox"/> Act of Violence	<input type="checkbox"/> Injury	<input type="checkbox"/> Other	<input type="checkbox"/> Property/Equipment Damage
<input type="checkbox"/> Theft	<input type="checkbox"/> Illness		<input type="checkbox"/> Regulatory Agency
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Exposure		<input type="checkbox"/> Other
<input type="checkbox"/> Violation of Company or Government Security Requirements	<input type="checkbox"/> Other Safety		
<input type="checkbox"/> Other Security			

Was this a single event or the latest in a series(describe)?

Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description.

Date of Incident \*

Time of Incident \*  Hrs  min  AM  PM

☐ Unknown Date ☐ Unknown Time

Done Local intranet 100%

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://prdnet/noitrack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046 or Matt Dillon at 610.701.3667

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**ATTACHMENT G**  
**AHA CHECKLIST AND ENVIRONMENTAL COMPLIANCE**

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<b>HAZARD CHECKLIST</b> Site Manager/EHS Officer: Keith Hughes / David Robinson						Task Team (name or reference via daily sign-in sheet)			
Date: _____ Location: _____ Address: _____									
<b>HAZARDS IDENTIFIED (check those applicable)</b>									
	<b>Chemical</b>		<b>Biological</b>		<b>Physical</b>		<b>Aerial lifts</b>		<b>Remote Areas</b>
<input checked="" type="checkbox"/>	Flammable/combustible	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Man. Material Handling	<input type="checkbox"/>	Materials handling
<input checked="" type="checkbox"/>	Corrosive	<input checked="" type="checkbox"/>	Animals	<input checked="" type="checkbox"/>	Heat	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	High Pressure Washers
<input checked="" type="checkbox"/>	Oxidizer	<input checked="" type="checkbox"/>	Plants	<input checked="" type="checkbox"/>	Cold	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Hand and Power Tools
<input checked="" type="checkbox"/>	Reactive	<input checked="" type="checkbox"/>	Mold/Fungus	<input checked="" type="checkbox"/>	Inclement Weather	<input type="checkbox"/>	Pile Driving	<input checked="" type="checkbox"/>	Low Illumination
<input checked="" type="checkbox"/>	Toxic	<input type="checkbox"/>	Viral/Bacterial	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Welding/Cutting/Burn	<input type="checkbox"/>	Drilling & Boring
<input checked="" type="checkbox"/>	Inhalation	<input type="checkbox"/>	Density Gauges	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Hot Surfaces	<input type="checkbox"/>	Striking against/Struck-by
<input checked="" type="checkbox"/>	Eyes/Skin	<input type="checkbox"/>	Radiological	<input type="checkbox"/>	Stored hazardous Energy	<input type="checkbox"/>	Hot Materials	<input type="checkbox"/>	Caught-in/Caught between
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Ultra-Violet	<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Rough Terrain	<input type="checkbox"/>	Pushing/pulling
<input checked="" type="checkbox"/>	Carcinogen	<input checked="" type="checkbox"/>	Sunlight	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Compressed Gases	<input type="checkbox"/>	Falls at same level
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Infrared	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Hazardous Mat. Storage	<input type="checkbox"/>	Falls from elevation
<input type="checkbox"/>	Lead	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	Mobile equipment	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Repetitive motion
<input type="checkbox"/>	UXO/OE/ CWM	<input type="checkbox"/>	XRF	<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Operation of Boats	<input type="checkbox"/>	High (>110v) Electricity
<input type="checkbox"/>	Process Safety	<input type="checkbox"/>	Isotopes	<input type="checkbox"/>	Manual Material Handling	<input type="checkbox"/>	Working Over Water	<input checked="" type="checkbox"/>	Slippery surface Ice/Snow
<input type="checkbox"/>	Applying Paint/Coatings	<input type="checkbox"/>		<input type="checkbox"/>	Ladders	<input type="checkbox"/>	Traffic	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Scaffolding	<input checked="" type="checkbox"/>	Site Security	<input type="checkbox"/>	
<b>REQUIRED PROTECTION (check those applicable)</b>									
	<b>Engineering Controls</b>		<b>Administrative Control</b>		<b>PPE</b>			<b>Contingency</b>	
<input type="checkbox"/>	Guard Rails	<input type="checkbox"/>	Qualified for task	<input type="checkbox"/>	Air Supplying Respirator	<input type="checkbox"/>	Tyvek coveralls	<input type="checkbox"/>	Emergency Signal Known
<input type="checkbox"/>	Machine Guards	<input type="checkbox"/>	Trained/Certified	<input type="checkbox"/>	Air Purifying Respirator	<input checked="" type="checkbox"/>	Coated Coveralls	<input type="checkbox"/>	Eye wash/shower Location
<input type="checkbox"/>	Sound Barriers	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	Welding leathers	<input checked="" type="checkbox"/>	First Aid Kit Location
<input type="checkbox"/>	Enclosure	<input type="checkbox"/>	CSE Permit	<input checked="" type="checkbox"/>	Hard Hat	<input type="checkbox"/>	CWM	<input type="checkbox"/>	Fire Extinguisher Location
<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Lockout/Tag Out	<input type="checkbox"/>	Ear Plugs	<input checked="" type="checkbox"/>	Safety Shoes/Boots	<input type="checkbox"/>	Spill Kit Location
<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Ear Muffs	<input type="checkbox"/>	Rubber Boots	<input checked="" type="checkbox"/>	Severe weather shelter
<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Dig Safe Permit	<input checked="" type="checkbox"/>	Safety Glasses	<input checked="" type="checkbox"/>	Gloves	<input type="checkbox"/>	Evacuation Routes
<input type="checkbox"/>	Assured Ground Program	<input type="checkbox"/>	Contingency Plan	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Cooling Suits		
<input type="checkbox"/>	Apply Anti-slip/skid Mat	<input type="checkbox"/>	Critical Lift Plans	<input type="checkbox"/>	Chemical Goggles	<input type="checkbox"/>	Ice Vests		
		<input type="checkbox"/>	Equip. Inspection Sheets	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Radiant heat Suits		
				<input type="checkbox"/>	Thermal Shield	<input type="checkbox"/>	Fall Arrest		
				<input type="checkbox"/>	Welding Mask	<input type="checkbox"/>	PFD		
				<input type="checkbox"/>	Cutting Glasses	<input type="checkbox"/>	Electrical insulation		
Any Modification to Tasks (list)			Other tasks or activities that may affect my activity			Reasons for any changes indicated above			



### Environmental Compliance Considerations:

<input type="checkbox"/>	Generation of Hazardous Waste*	<input type="checkbox"/>	→Waste Identification & Manifesting - Marking, Placarding, Labeling
<input checked="" type="checkbox"/>	Generation of Investigation Derived Waste*	<input type="checkbox"/>	→Training & Licensing for Use of Radioactive Materials/Sources
<input type="checkbox"/>	Treatment, Storage, or Disposal of Hazardous Waste*	<input type="checkbox"/>	→ Containers: dated, labeled, closed, full, stored less than 90 days
<input type="checkbox"/>	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*	<input type="checkbox"/>	→ Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives
<input type="checkbox"/>	Disturbing of Asbestos Containing Materials (ACM)*	<input type="checkbox"/>	→Training & Licensing for Asbestos Remediation Activities
<input type="checkbox"/>	Application of Pesticides or Herbicides*	<input type="checkbox"/>	
<input type="checkbox"/>	Work on Above or Under-ground Storage Tanks*	<input type="checkbox"/>	
<input type="checkbox"/>	Transportation, Storage or Disposal of Radioactive Material*	<input type="checkbox"/>	
<input type="checkbox"/>	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems.	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Hazardous Waste off-site*	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Samples in accordance with DOT/IATA	<input type="checkbox"/>	

\* Indicates need for an environmental compliance plan.

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## **ATTACHMENT H TRAFFIC CONTROL PLAN**

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Insert documents on following page.



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## **ATTACHMENT I AUDIT FORMS**

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Insert documents on following page.



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## **ATTACHMENT J**

### **ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST**

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Site personnel will utilize one of the following audit documents if a site inspection is conducted:

**“Environmental Health And Safety Inspection Checklist”**

**“BBS- Best Practices EHS Field Review”**

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**ATTACHMENT K**  
**ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM**  
**IMPACT CHECKLIST**

---

# ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM IMPACT CHECKLIST

## PRE-PROPOSAL and EHS COMPLIANCE PLANNING

### 1. BACKGROUND

- a. Client name, address, phone number, and Point of Contact:  
US EPA Region V – START, OSC Shelly Lam 317-417-0980 (cell).
- b. Name/Identifier of proposal, if applicable:  
NA
- c. Prepared by:  
NA

### 2. DESCRIPTION

- a. Description, justification for, and location of Scope of Work in the proposal (i.e. training, activity, construction, regulation, license; include site location map):  
NA
- b. Environmental setting and present land use of the proposed site:  
Commercial facility surrounded by residential properties.

### 3. KNOWN OR POTENTIAL EHS IMPACTS:

Note that this checklist cannot completely anticipate all regulatory requirements, and that use of this checklist outlines only certain Federal criteria of specific interest (it is by no means a complete listing). State and local requirements must be evaluated also.

- The **Project Manager and Project Team** are responsible for evaluating project-specific environmental, health and safety needs that may be beyond those outlined in this checklist.
- Assistance is available through the Division Environmental, Health, and Safety (EHS) Managers and Corporate EHS Department. Early engagement of EHS support is a key to success.
- “Yes” responses will require a plan to address a specific issue. “No” responses must be based upon specific knowledge. “Unknown” responses require appropriate follow-up for confirmation.

#### 3.1 Clean Air Act (CAA)

The basic purpose of the CAA is to control air pollution by instituting point source controls (fixed and/or mobile) and establishing maximum pollutant levels for the ambient air. Permits to construct and/or operate are required for sources that meet regulatory requirements. These sources include, but may not be limited to: major stationary sources, hazardous air pollution sources, and sources subject to new source performance standards.



Yes	No	Unknown	Criteria for Evaluation
<b>General and Miscellaneous</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project release contaminants to the air from a new or existing source of air contaminants?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the project have the potential for deterioration of air quality?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be the introduction of smoke, suspended particles, or noxious gases/vapors (e.g., open burning, open detonation, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be real or potential for particulate/dust migration beyond facility/site boundaries?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate a source of air emissions (e.g., air stripper, incinerator, thermal desorption system, soil vapor extraction system, fuel tanks or dispensers, electric generators, turbines) or disturb land?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate an air pollution control device (e.g., scrubber, vapor-phase activated carbon system)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is fugitive emissions and/or perimeter air monitoring specified in the scope of work?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has client specified air monitoring methods or real-time monitoring?
<b>Prevention of Significant Deterioration (PSD) Permits (40 CFR 52)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is site within an attainment area? (See 40 CFR 81.301-356).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve construction or operation of a new major source with the potential to emit more than 100 tons/year for those specific listed emissions sources or 250 tons/year for all other emission sources types or a major modification of an existing major source with pollutant emission increases exceeding Prevention of Significant Deterioration (PSD) rates? (see 40 CFR 52.21(b) and/or CAA Section 169).
<b>Non-Attainment Permits (40 CFR 52)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is site within a non-attainment area? (See 40 CFR 81.301-356). If known, indicate which criteria pollutant(s) are not met.
<b>New Source Performance Standards (40 CFR 60)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the release of contaminants to the air from a new or modified non-exempt source?
<b>NESHAPS Standards for Air Toxics (40 CFR 61, 63) See also TSCA and OSHA</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the demolition or renovation of any structure containing asbestos?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a stationary source or group of stationary sources with the potential to emit 10 or more tons/year of a single HAP, or 25 tpy or more of multiple HAPs?
<b>Accidental Release and Risk Management Planning (40 CFR 68)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve storage and/or use of any chemical listed under 40 CFR 68.115 at or greater than its Threshold Planning Quantity (TPQ)?
<b>Operating Permits (40 CFR 70, 71)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve obtaining any permit as required under the CAA?
<b>Reduction in Use of Ozone Depleting Substances (40 CFR 82)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site tasks involve repair, maintenance or decommissioning of objects containing ozone depleting substances (e.g., air conditioning/heat pump/refrigeration systems)?

## State-Specific Requirements

As with many environmental regulations, States may have specific and/or additional regulations and laws associated with air and air quality. Remember to evaluate State and/or Local requirements.

### 3.2 Clean Water Act

The stated objective of the Act is to restore and maintain the chemical, physical, and biological integrity of the Nation's water by regulating discharges of pollutants into water bodies. Major requirements to plan for include; point source discharges, stormwater discharges, pretreatment prior to sewer system discharge, spill prevention and response, and wetland modification and/or dredge and fill activities.

Yes	No	Unknown	Criteria for Evaluation
<b>General and Miscellaneous</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project location involve fresh water, marine environment, ground water impact or other?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve impact to water movement (e.g., construction of dam)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve any change in the quantity and/or quality of ground water?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any potential for spills of hazardous materials/substances/wastes that could subsequently impact water quality (surface or ground)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve any impact to wetlands or floodplains?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project in a well head protection area?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any injection of waste materials into the ground?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will unimproved roads or new haul roads be required?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption, displacement or compaction of soil?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a change in topography at the site?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project create an increase in wind or water erosion of soils (either on or off-site)?
<b>NPDES Point Source Discharge Permit (40 CFR 122)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve a point source discharge into surface water?
<b>Stormwater Discharge Permit (40 CFR 122.26)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve an industrial facility with potential for stormwater discharges to surface water or to a storm sewer system?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disturbance of one or more acres of land?
<b>Pretreatment Requirements (40 CFR 403)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be a discharge (e.g., process water, groundwater, cooling water) to a sewer authority or public sewer system? (Do not include proper connections from domestic-type sources such as toilets or kitchens).
<b>Discharge of Oil and SPCC Plans (40 CFR 110, 112)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
<b>Wetlands Modification and/or Dredge and Fill Requirements (40 CFR 230-233)</b>			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve excavation in or the discharge or dredge or fill material into water or wetlands?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve site clearing, or dredging or filling on/near water or wetlands?

### State Requirements

As with many environmental regulations, States have specific regulations and laws associated with water protection and quality. Remember to evaluate State and/or Local requirements.

### 3.3 Safe Drinking Water Act (SDWA)

The SDWA regulates the quality of drinking water. Requirements typically relate to providing public drinking water, waste disposal in underground injection wells and establishing criteria for CERCLA remediation.

Yes	No	Unknown	Criteria for Evaluation
<b>Public Water Supplies and Drinking Water Standards (40 CFR 141-143)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be providing a drinking water supply to the public?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve operating a public water supply system that has 15 or more services or serves more than 25 people per day for more than 60 days per year?
<b>Sole-Source Aquifer Protection (40 CFR 149)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the discharge of contaminants onto or into areas classified as a sole-source aquifer?
<b>Underground Well Injection (40 CFR 144-148)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the placing of fluids into a bored, drilled, driven or dug well?

### State Requirements

In addition to compliance (and/or more restrictive) with above Federal criteria, States are responsible for implementing and enforcing well-head protection standards.

### 3.4 Resource Conservation and Recovery Act (RCRA)

RCRA provides the classic "cradle-to-grave" concept for waste materials, i.e., management of the waste material from generation to final disposal. RCRA requirements apply to those who generate, transport, store and dispose of wastes. Permits and identification numbers may be required for all categories with limited exceptions.

Yes	No	Unknown	Criteria for Evaluation
<b>Non-Hazardous Solid Wastes (40 CFR 257, 258)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will WESTON or the site generate any non-hazardous solid wastes?
<b>Universal Wastes (40 CFR 273)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON, or the site generate any universal wastes?
<b>Hazardous Wastes Generation and Management (40 CFR 260-262)</b>			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON generate any hazardous wastes?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for managing hazardous wastes generated by the client?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities result in quantities that result in Conditionally Exempt Small Quantity Generator (CESQG), Small Quantity Generator (SQG), or Large Quantity Generator (LQG).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has on-site accumulation of waste stream (areas, containers or other device) been evaluated?
<b>Hazardous Waste Treatment and Disposal Permit (40 CFR 264-270)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will on-site treatment of waste(s) be conducted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If off-site disposal has TSDF been evaluated and accepted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve clean-up of hazardous waste or hazardous waste constituents from a RCRA-regulated facility?
<b>Hazardous Waste Transportation (40 CFR 263)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for preparing hazardous wastes for transportation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If transporting wastes, has transporter been evaluated and accepted?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON sign manifest? If yes, as Generator or as "Agent" for client?
<b>Underground Storage Tanks (USTs) (40 CFR 280)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON activities involve the installation, use, maintenance, spill or release clean-up, or decommissioning of a UST storing petroleum or CERCLA-listed hazardous substance?
<b>Used Oil (40 CFR 279)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities involve the generation, storage or transportation of used/waste oil?
<b>Land Disposal Restrictions (40 CFR 268)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the generation of wastes meeting Land Disposal Restriction (LDR) criteria?

## State Requirements

Most States have primacy for both hazardous and non-hazardous solid waste; ensure knowledge of specific state requirements for such waste streams.

## 3.5 Comprehensive Environmental Response Compensation and Liability Act (CERCLA)

CERCLA provides a mechanism to clean up uncontrolled or abandoned contaminated sites and hold potentially responsible parties accountable for clean-up costs.

Yes	No	Unknown	Criteria for Evaluation
<b>Release Reporting (40 CFR 300, 302)</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any of the chemicals stored or used on site listed as a hazardous substance (40 CFR 302.4)?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there a potential for an unpermitted release of a hazardous substance to the environment in excess of its 24-hour Reportable Quantity (RQ)?
<b>Remediation Efforts (40 CFR 300)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of Federal Government?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of a State or Local Government?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under Private control?

### State Requirements

Many states have enacted Superfund-type programs. Although many are similar to the Federal program, others may have significant differences to include broader ranges of hazardous substances.

### 3.6 Emergency Planning and Community Right to Know (EPCRA)

EPCRA established a process for developing state and local emergency planning and information programs on hazardous chemicals located at and/or emitted from facilities. Planning requirements apply to any facility that produces, uses or stores threshold quantities or more of any substance on the EPA list of extremely hazardous substances. There are also requirements for facilities that are required to maintain Material Safety Data Sheets (MSDSs) to notify the local fire department of those materials.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON or WESTON subcontractor have chemicals on site?
<b>Emergency Planning Notifications (40 CFR 355)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B). <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department, and SERC are required. (See 40 CFR 370.21).</i>
<b>Emergency Release Notifications (40 CFR 370)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there the potential for a release of listed substances (see 40 CFR 355, Appendices A and B and 40 CFR 302) that could result in exposure to persons off-site?
<b>Community Right to Know/Hazardous Chemical Inventory Reporting (40 CFR 370)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At any point in time is any chemical in a quantity at or more than 10,000 pounds that requires an MSDS?

### State Requirements

There are specific reporting and documentation requirements under EPCRA for state and local entities.

### 3.7 Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)

The purpose of FIFRA is to protect public health and the environment from the misuse of pesticides by regulating the labeling and registration of pesticides. In addition to data necessary for the registration of pesticides sold there are requirements for the certification of applicators of those pesticides listed as restricted use.

Yes	No	Unknown	Criteria for Evaluation
<b>Labeling and Packaging Requirements (40 CFR 156, 157)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the project involve the use or application of pesticides?
<b>Certification of Applicators (40 CFR 171)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the use of a licensed pesticide applicator required (use of restricted use pesticides)?

### 3.8 Toxic Substances Control Act (TSCA) see also OSHA requirements

Much of TSCA deals with the manufacture, use and distribution of chemicals in commerce with limited impact to WESTON. There are, however, management requirements (to include remediation and disposal efforts) for specific chemicals (most importantly lead-based paint, PCBs, and asbestos).

**Note:** A "Yes" will require an appropriate technical approach to address the toxic material and must be included within the project-specific HASP. A "No" will require appropriate documentation from the Client or their designee describing how this determination was reached. An "Unknown" will require follow-up and receipt of documentation prior to proceeding.

WESTON may conduct its own survey and analysis to resolve "No" and "Unknown" responses if necessary.

Yes	No	Unknown	Criteria for Evaluation
<b>Lead-Based Paint (40 CFR 745)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the site been evaluated for the presence of lead or lead-containing materials?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal of lead-contaminated materials?
<b>Polychlorinated Biphenyls (PCBs) (40 CFR 761)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the site been evaluated for the presence of PCBs or PCB-contamination?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal or handling of PCBs?
<b>Asbestos (40 CFR 762)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does the site or structures contain asbestos containing material (ACM)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption or removal of ACM?

### 3.9 Natural Resources and the Endangered Species Act

The Endangered Species Act (ESA) was passed to designate and protect fish, wildlife and plant species that are endangered or threatened as well as designate critical habitat for those species. Compliance with the ESA is required within the context of this checklist for not only necessary permits (e.g., Stormwater), but, as a means of understanding the potential environmental impact of our work efforts.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the project site in an area identified as habitat for endangered, threatened or special interest species?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in a change in the diversity or numbers of any species of plants or animals?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the reduction of numbers or habitat damage to any unique, rare, threatened or endangered species of plants or animals?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the introduction of new species of plant or animal (including microbes, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in any barrier(s) to the migration or movement of animals?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in any significant alteration, deterioration, or destruction of habitat?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in the alteration, destruction, or significant impact to any environmentally sensitive areas (e.g., wetlands, floodplains, critical habitat, prime farm land, coastal zones, etc.)?

Note that a location-specific understanding of the ESA is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

### 3.10 National Environmental Policy Act

The purpose of the National Environmental Policy Act (NEPA) is to encourage harmony between man and the environment, promote efforts to prevent or eliminate damage and stimulate the health and welfare of man, and to enrich the understanding of the ecological systems and natural resources that are important to the Nation. In context, NEPA requires federal agencies to prepare an environmental impact statement covering proposed actions that could significantly affect the quality of the human environment.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project a major Federal action, or project, or a project requiring a federal permit, receiving federal funds, or located on federal land? (NEPA)

### 3.11 Noise (see also OSHA requirements)

The Noise Control Act promotes the policy that the environment is to be free of noise that jeopardizes health or welfare. While there are limited Federal/EPA regulations, there are State and Local regulations/ordinances that are applicable to work tasks.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project cause an increase in noise levels?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the project site near sensitive receptor populations (e.g., residences, hospitals, schools, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities extend beyond typical daylight hours?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there local noise ordinances in effect?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the contract (or specifications) identify noise monitoring or other criteria?

### 3.12 Occupational Safety and Health (specifically 29 CFR 1910 and 1926)

The overall goal of the Occupational Safety and Health Act (OSH Act) is to assure that employees are not adversely affected to hazards that they may be exposed to in the course of employment. All work activities conducted by WESTON must comply with applicable components of the General Industry Standards, the Construction Standards, or the applicable requirements of Client-specific criteria (e.g., the Corps of Engineers).

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA Construction Standards?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA General Industry Standards?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under the requirements of EM 385-1-1 (USACE)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the client have any specific occupational/safety requirements for the site work?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under other standards?

Based upon site activities, location and tasks follow all applicable criteria outline in WESTON's Safety and Health requirements guidelines.

### 3.13 Transportation (specifically 49 CFR Parts 171-179, 383, 390-399)

Transportation in the context of this checklist typically relates to the transportation of hazardous chemicals. The Department of Transportation (DOT) has specific regulatory requirements that must be met if WESTON either conducts or oversees the preparation for transport or actual transportation of hazardous chemicals/materials designated by DOT.

**Note:** *Security Plans are required for transporting hazardous materials in an amount that must be placarded, hazardous materials in a bulk packaging having a capacity equal to or greater than 3,500 gallons for liquids or gases or more than 468 cubic feet for solids, or a select agent or toxin regulated by the Centers for Disease Control and Prevention under 42 CFR Part 73. Contact your local Dangerous Goods Advisor for assistance.*

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will site activities involve the transportation (or storage incidental to transportation) of hazardous materials?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be transporting hazardous materials (in any amount)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles meeting the definition of a commercial vehicle?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles transporting a hazardous material in a placarded amount?

### 3.14 Radiation

Various regulations under the auspices of the Nuclear Regulatory Agency (10 CFR) require specific procedures for the handling, training, storage and maintenance of nuclear materials.



Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<i>(For the following questions indicate whether these tasks are by WESTON, Subcontractor, Client or Vendor.)</i>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will Radiation sources be used or present?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disposal of radioactive material?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the use or storage of a radioactive source (e.g., troxler gauge, XRF)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have users been properly trained and certified?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are users operating under a radiation monitoring program?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have rad licenses been transferred and/or the client notified of the presence of rad sources?

Based upon site activities, location and tasks follow all applicable criteria outlined in WESTON's EHS Program.

### 3.15 Historic/Archaeological

There are numerous Federal, State, Local and Tribal requirements outlining procedures to protect historic and cultural properties. These include those that exist as well as those that are discovered during work activities.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the site or project in an area that is of historic or archeological interest?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project result in alteration or destruction of an archeological or historical site, structure, object or building that is on or eligible for inclusion in the National Register of Historic Places?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the excavation, altering, defacing, or removal of archaeological objects or resources or Native Indian graves, cairns, or glyptic records?

Note that a location-specific understanding of historic and archaeological issues is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

### 3.16 Miscellaneous

The following items are included based upon information that must be evaluated for certain WESTON work criteria, for certain sites e.g., real-estate transactions, military locations and for specific hazards.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have subcontractors been screened by Procurement and an EHS Manager or Safety Officer?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has a Client Services Manager (CSM), Project Manager (PM), or WESTON Officer engaged WESTON's Subcontractors using the Subcontractor Talking points?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has a project Kick-off meeting been planned?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will a Safety Officer or an EHS Manager be involved in the kick-off meeting?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the average work day including driving to and from the site exceed 12 hours? If yes, there must be a plan for addressing driving safety and fatigue.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will project personnel be driving vehicles they are not familiar with? If yes, there must be a plan for addressing driving safety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be work at elevation (greater than 4 foot difference in elevations between working levels, work from ladders, work from scaffolding, use of aerial lifts, floor openings, wall openings)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be potential for struck by hazards (moving equipment, thrown or falling objects or material)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be potential for being caught in (conveyors, power-take-off, screens, etc.) or between moving machinery?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be work with or within 10 feet of exposed electrical conductors?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there overhead utilities?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there underground utilities?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project add additional traffic volume or types (material or equipment haul trucks) that may require community approval or plans?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be a traffic control plan for off-site and on-site vehicles?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the facility a military facility?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the potential for UXO/MEC encounter been objectively evaluated?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will there be slip, trip and fall hazards
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be repetitive and or heavy lifting?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If demolition work has the demolition plan, engineering survey and required components been addressed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there OSHA Specific Standards applicable (asbestos, lead, cadmium, arsenic, hexavalent chromium, benzene, vinyl chloride, methylene chloride, butadiene, formaldehyde, dibromochloropropane)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will work be performed over or near water or boats?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will boats be used?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will Lifting Equipment and rigging be used?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there a communication Plan for letting neighbors know of WESTON activities that may impact them?

Liquids containing hexavalent chromium plating solutions were identified in a previous assessment by Ohio EPA.

### 3.17 Real Estate and Tenant Issues

WESTON as an owner or operator assumes liability for actions or activities conducted by ourselves or by others (tenants). We must ensure compliance with Federal, State and Local requirements. The following outline major issues, however, as indicated previously for the EHS Checklist, it is not meant to be comprehensive. Remember, if we have tenants occupying portions of facilities that are under our control, we have an obligation to understand and assure compliance. For the following issues compliance may be by WESTON, by various tenants or a combination, ensure that each tenant is evaluated. Note that various components of the previous EHS Checklist sections may be appropriate.

Yes	No	Unknown	Criteria for Evaluation
<b>Air</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are boilers or other pressure vessels (e.g., chillers, air receivers) located within our work space or at tenant locations?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have they been certified and inspected?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do emission sources (e.g., boilers, chillers, bulk oil storage, etc.) have proper registration (federal, state or local)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are tenants responsible for compliance with inspections and permits?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for inspections and permits?
<b>Occupancy and Other Permits</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do Business Permits/Certificate of Occupancy Requirements: State, County, City/Municipality need to be addressed? If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are Fire Code Inspections (e.g., materials storage, electrical, suppression systems) due? Are Corrective Actions due from past inspections? ____ If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are local permits and/or registrations for USTs or ASTs available or needed?
<b>RCRA</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the facility a Hazardous Waste Generator? If yes, what size? ____ Is WESTON responsible? ____ What is the waste stream? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do tenants generate Hazardous Wastes? If yes, what quantity? ____ What is the waste stream? ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are appropriate permits available for waste generation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is facility and/or are tenants under litigation or regulatory action for non-compliance with RCRA?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are USTs or ASTs on site? If yes, what are type, size, contents ____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have USTs been upgraded for overflow and spill control protection?
<b>Water and Stormwater</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is a stormwater permit and plan necessary for the site?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is a NPDES and/or local discharge permit necessary for the site?
<b>EPCRA</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B).  <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department and SERC required. (See 40 CFR 370.21).</i>

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are Tenants responsible for compliance?
<b>SPCC and Oil</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are Tenants responsible for compliance?
<b>Compliance</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the site under enforcement action for regulatory non-compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is any Tenant under enforcement action for regulatory non-compliance?

### 3.18 Explosives

Various regulations under the auspices of the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE), 27 CFR Part 55 – Commerce in Explosives and 27 CFR Part 55 the Safe Explosives Act, require specific procedures for the purchase, use, storage, handling and sale of explosives or explosive containing items. Attention to these questions will help to manage our risk when developing projects that may involve explosives or munitions.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the handling or use of explosives or munitions that are either new or recovered (e.g. dynamite, military munitions, UXO, detonating cord, TNT, etc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have project personnel been cleared by BATFE as either a Possessor or Responsible Party to handle explosives?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will the project require a State Licensed Blaster?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will WESTON's Explosives Users Permit be required to execute the project? If yes, has the UXO Service Line Manager been notified?

### 3.19 Sustainability

There are a wide range of options for integrating sustainability into the execution of projects, far beyond what can be incorporated into this checklist. The following are a few broad questions which are designed to stimulate thinking about how sustainable approaches could be utilized throughout project execution. A checklist of credits used in evaluating projects for LEED (Leadership in Energy and Environmental Design) could be used here in addition to the checklist below. Inclusion of an employee who is LEED AP Certified in the development of the work plan could help add other considerations, such as sustainable sites and efficient materials and resources. See the WESTON Sustainability Portal <http://westonportal/sites/sustainability/default.aspx> for further details.

Yes	No	Unknown	Criteria for Evaluation
<b>General</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to reduce travel-related energy and environmental impacts associated with the project through such techniques as carpooling, use of videoconferencing, telecommuting or utilization of local personnel?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has consideration been given to the potential for beneficial reuse or recycling of materials that will be excavated, removed or discarded during project execution?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to utilize alternative or renewable energy on the project, through applications such as photovoltaics (solar) or wind power for remote sensing and/or trailer power, or alternative fuel (e.g. biodiesel) for fleet vehicles or equipment?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have "green" considerations been integrated into the procurement process for materials and or equipment (e.g. recycled content, energy efficiency, recyclability, minimal packaging)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to increase energy or water efficiency in the execution of the project through selection of appropriate equipment or technical approaches?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to offset some of the environmental impacts of the project through purchase of carbon credits, renewable energy credits or wetlands banking?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Could a Community Partnering/Make-a-Difference event be coordinated or integrated with this project?